Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R-C B. WING HAL074038 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET **SOUTHERN LIVING ASSISTED CARE GREENVILLE, NC 27835** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} This report is of a Followup Survey done by Bob Getchell on October 21, 2015. The followup survey revealed that all deficiencies have not been completed, therefore a new plan of correction is required. {C 164} Housekeeping and Furnishings-Clean, Repaired {C 164} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the facility failed to maintain the floors clean and in good repair. Followup Findings on October 21, 2015: a. Throughout the facility Resident Rooms' floors were very dirty, and there was an excessive amount of wax and dirt build-up around the door frames, and where the floors meet the wall base. Some of the recently cleaned room floors still had stains and spots that were missed when cleaning operations were performed. Some of the recently cleaned room floors had adjacent areas under furniture and other items that had not been cleaned. d. Some of the recently cleaned room's floors had adjacent closets that had not been cleaned or still had stains and spots that were missed when cleaning operations were performed.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R-C B. WING \_ HAL074038 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET **SOUTHERN LIVING ASSISTED CARE GREENVILLE, NC 27835** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) {C 164} Continued From page 1 {C 164} 2. Based on observations, the facility failed to maintain the walls clean and in good repair. Followup Findings on October 21, 2015: a. The walls, and base boards in the Resident Rooms including Closets and Resident Room Toilet Rooms were not clean and in good repair. b. In the Resident Toilet Rooms, the walls behind the commodes had gotten wet, compromising the finish in a way that making it difficult to clean. {C 165} Housekeeping and Furnishings-Sanitation Grade {C 165} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review, and interview with Administrator the facility failed to maintain a sanitation scores of 85 or above at all times in accordance with this Rule. Followup Findings on October 21, 2015: a. A Sanitation report by the Pitt County Environmental Health Department documented a score of 70.5 during a re-inspection of the facility

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R-C B. WING \_ HAL074038 10/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET **SOUTHERN LIVING ASSISTED CARE GREENVILLE, NC 27835** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 165} Continued From page 2 {C 165} that was performed on August 13, 2015. {C 166} Housekeeping-Maintained Free of Hazards {C 166} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility has not ensured that all resident rooms remain uncluttered. Followup Findings on October 21, 2015: a. Most resident rooms that have not been clean were cluttered with residents' clothes and other belongings stacked on the floor or on a chair. 2. Based on observation, the facility failed to provide an environment free of hazards by allowing roaches to remain unmanaged. Followup Findings on October 21, 2015: a. Dead and alive roaches were observed in the front section of the 100 Hall. Pest exterminator was on site. 3. Based on Observation, the facility failed to provide an environment free of hazards, by not maintaining the HVAC/ventilation, grilles and their associated dampers.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL074038	B. WING			-C <b>21/2015</b>	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2060 WEST FIFTH STREET  GREENVILLE, NC 27835							
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{C 166}	Followup Findings of a. The return HVA their radiation damp	ge 3 on October 21, 2015: C and ventilation grilles and pers have an excessive st/lint thought-out the Facility.	{C 166}				

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